



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000074064 1. Entity Name JAS CONSTRUCTION OF NORTHWEST FLORIDA, LLC	
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Principal Place of Business 1995 EAST FIRST AVENUE CRESTVIEW, FL 32539	Mailing Address 1995 EAST FIRST AVENUE CRESTVIEW, FL 32539
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DO NOT WRITE IN THIS SPACE


04182007 No Chg-LLC CR2E083 (11/05)
4. FEI Number
20-3233826
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**SEACREST, TOBY J
1995 EAST FIRST AVENUE
CRESTVIEW, FL 32539**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**
000000757538
05/23/07-20078-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEACREST, TOBY J 1995 EAST FIRST AVENUE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPKINS, STEPHEN 1704 E FIRST AVENUE CRESTVIEW, FL 32539
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-26-07** **305-2241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #